NEVADA FINANCIAL DISCLOSURE STATEMENT

(Attach additional sheets if necessary.)



NAME Mary Gillins	LEN	IGTH OF RESIDE	NCE IN NEVADA _	30 vears		
MAILING ADDRESS 7080 Spring Beauty Avenue		LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO				
CITY, STATE, ZIP <u>Las Vegas, Nevada 89131</u> TELEPHONE 702-645-9665	VO	TE <u>one year</u>	100 001 5711			_
TELEPHONE 102-043-9003			NRS 281.571(1)(a)		
List all public offices for which this financial disclosur	e statement is	required [NRS 2	81.571, Subsection ANNUAL all elected and appointed public officers (no later than Jan, 15	CANDIDATE (no later than the 10th day after the last day to qualify as a	officer	-
Dublic Office	Annual	Term or	each year) NRS	candidate) NRS	(within 30 days) NRS	
Public Office	Compensation	Date Appointed	281.559(1)(b) 281.561(1)(b)	281.561(1)(a)	281.559(1)(a)	
City of Las Vegas, Ward 6	\$_42,596.00	4 years		\checkmark		
	\$					
	\$					
Las Vegas Police Protective Association Metro, Inc. Las Vegas Metropolitan Police Department BJ Alan Co. Inc.					Membe	Я
Bombard Electric						
						
				······································		
List each creditor to whom you or a member of your or deed of trust on real property which is not required vehicle for personal use was retained by seller] [NRS 2 none	to be listed b	elow, and (2) de	ore [except (1) of the second	lebt secured ecurity inter	d by mortgage rest in a motor Self Househo Membe	r old
	·					
	•					

List each business entity (i.e., organization of firm, business, trust joint venture, syndicated involved as a trustee, beneficiary of a trust, a class of stock or security representing 1% [NRS 281.571, Subsection 1(f)]:	e, corporation or association director, officer, owner in wi	n) with which you or a member hole or in part, limited or genera	r of your household is al partner, or holder of
none			Self Household Member —
List specific location and particular use of a your household has a legal or beneficial intestate or an adjacent state (NRS 281.571, Subsespecific Location)	erest; (2) the fair market valu	ersonal residence): (1) in which ue of which is \$2,500 or more; Particular U	and (3) located in this
List the identity of donor and value of each during the preceding taxable year [except (consanguinity or affinity; and (2) ceremonial occasion if the donor does not have a substative [NRS 281.571, Subsection 1(e)]:	 a gift received from a per gifts received for a birthday 	rson who is related to you with /, wedding, anniversary, holida	in the third degree of v or other ceremonial
none	Donor		Value of Gift \$ \$ \$ \$ \$
THE INFORMATION I HAVE PROVIDED HI	EREIN IS ACCURATE AND Signature:	COMPLETE.	

STATE OF NEVADA COMMISSION ON ETHICS

3476 Executive Pointe Way, Suite 16
Carson City, Nevada 89706-7946
(775) 687-5469 • FAX (775) 687-1279

Acknowledgment of Ethical Standards for Public Officers

(Required by NRS 281.552)

I hereby acknowledge that I have read and u and public employees provided in NRS Cha	understand the statutory ethical standards for public officers upter 281. I acknowledge that I have (check all that apply):
reviewed the provisions of NRS Chaptes http://ethics.state.nv.us	r 281 on-line from the Commission's website
reviewed the provisions of NRS Chapter office.	r 281 by requesting a copy thereof from the Commission
or the Secretary of State pursuant to NRS ?	acknowledgment with the Nevada Commission on Ethics 281.561, and that refusal to execute and file this in office and is a ground for removal pursuant to NRS
2-5-05 Date	Signature Signature
702 - 645 - 9665 Telephone Number	Many A. GELLINS Printed Name
Fax Number	7080 SPRING BEAUTY AVE. LU NV 89131 Mailing Address
MARYGILINS @ HOTMAIL. E-mail Address	Com
Office or Position	

If you are required to file a financial disclosure statement pursuant to NRS 281.561, this form must accompany the first statement of financial disclosure you file once you are elected to public office. If you are an appointed public officer who will be entitled to receive less than \$6,000 per year of service and will not have to file a statement of financial disclosure, please file the form within 60 days of your appointment to office.

Please return completed form to:

Appointed Public Officers

Nevada Commission on Ethics

3476 Executive Pointe Way, Suite 16 Carson City, Nevada 89706-7946 775.687.5469 775.687.1279 fax

Elected Public Officers

Nevada Secretary of State's Office, Elections Division 101 North Carson Street, Suite 3

101 North Carson Street, Suite 3 Carson City, NV 89701 775.684.5705 775.684.5718 fax

Pursuant to NRS 281.552, filing of this form is not required for candidates for public office.

Rev. 03/2004